## DYNAVAX TECHNOLOGIES CORPORATION

## VRBPAC Meeting November 15, 2012

# Errata and Clarifications to the Sponsor Briefing Document BLA # 125428 (HEPLISAV<sup>TM</sup>)

1. Page 13 of Section 1.2 Medical Need for an Improved Hepatitis Vaccine, at the end of the first paragraph:

The currently approved hepatitis B vaccines (Engerix-B and Recombivax®) have provided significant benefits, but they have limitations that reduce their effectiveness in adults, both in terms of their administration and.

#### Should be corrected to:

The currently approved hepatitis B vaccines (Engerix-B and Recombivax®) have provided significant benefits, but they have limitations that reduce their effectiveness in adults, both in terms of their administration and immunogenicity.

2. Page 21 of Section 1.5 Safety, at the end of the first paragraph:

In DV2-HBV-10, the rates of autoimmune adverse events (AIAEs) were 2 of 1809 (0.11%) subjects in HEPLISAV recipients and 1 of 606 (0.17%) subjects in Engerix-B recipients and in the entire program, the rates of AIAEs were 7 of 2500 (0.28%) subjects in HEPLISAV recipients and 4 of 930 (0.43%) subjects in Engerix-B recipients (RR: 0.65; 95% CI: 0.19, 2.22).

## Should be corrected to:

In DV2-HBV-10, the rates of autoimmune adverse events were 5 of 1809 (<u>0.28</u>%) subjects in HEPLISAV recipients and 3 of 606 (**0.50**%) subjects in Engerix-B recipients. In the supporting trials, 3 additional events were identified: 2 in HEPLISAV recipients and 1 in Engerix-B recipients. In the clinical development program through DV2-HBV-10, the rates of autoimmune adverse events were 7 of 2500 (0.28%) subjects in HEPLISAV recipients and 4 of 930 (0.43%) subjects in Engerix-B recipients (RR: 0.65; 95% CI: 0.19, 2.22).

3. Page 60 of Section 6.1 Overview of Safety, at the start of the fourth paragraph:

HEPLISAV and Engerix-B had similar rates of post-injection reactions (HEPLISAV: 55.1%; Engerix-B: 57.1%) as well as local post-injection reactions (HEPLISAV: 42.8%; Engerix-B: 41.1%) and systemic post-injection reactions (HEPLISAV: 32.3%; Engerix-B: 25.1%).

#### Should be corrected to:

HEPLISAV and Engerix-B had similar rates of post-injection reactions (HEPLISAV: 55.1%; Engerix-B: 57.1%) as well as local post-injection reactions (HEPLISAV: 42.8%; Engerix-B: 41.1%) and systemic post-injection reactions (HEPLISAV: 32.3%; Engerix-B: 37.4%).

4. Page 63 of Section 6.2 Autoimmune Considerations, at the third paragraph:

There is no known association between the humoral response to HBsAg and any particular autoimmune disease.

To explore this possibility, Dynavax reviewed all AEs of autoimmune disease in DV2-HBV-10, and in the entire HEPLISAV development program to date.

In the clinical development program to date, the rates of autoimmune adverse events were 7 of 2500 (0.28%) subjects in HEPLISAV recipients and 4 of 930 (0.43%) subjects in Engerix-B recipients (RR: 0.65; 95% CI: 0.19, 2.22).

## Should be corrected to:

There is no known association between the humoral response to HBsAg, <u>1018 ISS Adjuvant</u>, or a <u>TLR9 agonist</u>, and any particular autoimmune disease.

To explore this possibility, Dynavax reviewed all AEs of autoimmune disease in DV2-HBV-10, and in the entire HEPLISAV development program <u>prior to DV2-HBV-10</u>.

In the clinical development program through trial DV2-HBV-10, the rates of autoimmune adverse events were 7 of 2500 (0.28%) subjects in HEPLISAV recipients and 4 of 930 (0.43%) subjects in Engerix-B recipients (RR: 0.65; 95% CI: 0.19, 2.22).

- 5. Page 79 of Section 6.5.1 Summary of Autoimmune Adverse Events, the second, third and fourth bullet points:
  - There was no difference between HEPLISAV and Engerix-B with respect to either overall autoimmune safety findings or exacerbations of PEAI disease in subjects identified with preexisting events of special interest (HEPLISAV: 2.3%; Engerix-B: 4.3%).
  - In DV2-HBV-16, 3 new-onset autoimmune AEs were identified in 1968 HEPLISAV subjects and 0 in 481 Engerix-B subjects.

• Rates changes in autoantibodies (ANA, anti-dsDNA, ANCA) were similar for HEPLISAV and Engerix-B subjects. For all trials, rates of development of autoantibodies were similar between recipients of HEPLISAV or HEPLISAV (All) and recipients of Engerix-B, including ANA (HEPLISAV: 5.7%; Engerix-B: 5.3%), and anti-dsDNA (HEPLISAV: 1.6%; Engerix-B: 1.8%). Retrospective testing for ANCA revealed no additional subjects with ANCA antibody in either treatment group beyond the 2 subjects with ANCA-associated vasculitis in DV2-HBV-10.

#### Should be corrected to:

- Exacerbations of PEAI disease in subjects identified with pre-existing events of special interest were also similar (HEPLISAV: 2.3%; Engerix-B: 4.3%). (Comment: Modified as statement is repeated in the fifth bullet point.)
- Two events in DV2-HBV-16 were adjudicated as autoimmune events by the SEAC that were not already identified as AESIs in the HEPLISAV group (2 of 1968 subjects or 0.1%) and zero in the Engerix-B group (0 of 481 subjects or 0.0%).
- Rates <u>of</u> change in autoantibodies (ANA, anti-dsDNA, ANCA) were similar for HEPLISAV and Engerix-B subjects. For all trials, rates of development of autoantibodies were similar between recipients of HEPLISAV and recipients of Engerix-B, including ANA (HEPLISAV: 5.7%; Engerix-B: 5.3%), and anti-dsDNA (HEPLISAV: 1.2%; Engerix-B: <u>0.9</u>%). Retrospective testing for ANCA revealed no additional subjects with ANCA antibody in either treatment group beyond the 2 subjects with ANCA-associated vasculitis in DV2-HBV-10.
- 6. Page 88 of Section 6.5.5.3 Anti-neutrophil Cytoplasmic Antibodies, in the first paragraph:

A total of 3 of 1780 HEPLISAV subjects (0.17%) and 2 of 96 Engerix-B subjects (0.34%) had a positive sereening ELISA; all were positive before vaccination.

## Should be corrected to:

A total of 3 of 1780 HEPLISAV subjects (0.17%) and 2 of 96 Engerix-B subjects (0.34%) had a positive ELISA <u>prior to vaccination</u>; all were positive before vaccination.

7. Page 91 of Section 7.1.2 Demonstrated Benefits, in the first paragraph:

Two doses of HEPLISAV over 1 month met not only the primary objective of noninferiority in the 2 pivotal phase 3 trials but also demonstrated that HEPLISAV induced significantly higher antibody than Engerix-B.

Should be corrected to:

Two doses of HEPLISAV over 1 month met not only the primary objective of noninferiority in the 2 pivotal phase 3 trials but also demonstrated that HEPLISAV induced significantly higher <u>seroprotection rates</u> than Engerix-B.

8. Page 91 of Section 7.1.3 Potential Benefits, in the first paragraph:

Combining adherence data from VSD Study with SPR data from clinical trials results in the effective SPR; that is, the SPR expected in the real world. In the VSD Study of over 880000 enrollees in medical care organizations, adherence ranged from 74.3% of adults 18 to 29 years of age receiving 2 doses of hepatitis B vaccine and 53.1% receiving 3 doses of 84.9% of adults 50 to 64 years of age and older receiving 2 doses and 71.2% receiving 3 doses. Using adherence rates from VSD Study and SPRs from the pooled mITT population in the Dynavax pivotal phase 3 trials, it may be expected that the effective SPRs in the HEPLISAV groups are similar in all 3 age groups (83% to 84%) while the effective SPRs in the Engerix-B groups decrease from 63% in the youngest age group to 55% in the oldest age group. The difference in effective SPRs between the HEPLISAV and Engerix-B groups ranges from 20% to 28% (Appendix 3).

#### Should be corrected to:

Combining adherence data from the VSD Study with SPR data from clinical trials gives the effective SPR; that is, the SPR anticipated in actual use. It may be expected that the effective SPRs in the HEPLISAV groups are similar in all 3 age groups (83% to 84%) while the effective SPRs in the Engerix-B groups decrease from 63% in the youngest age group to 55% in the oldest age group. The difference in effective SPRs between the HEPLISAV and Engerix-B groups ranges from 20% to 28% (for details see Appendix 3).